

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013734
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 65

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Indiana</u> b. COUNTY <u>Howard</u> <u>0130</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kokomo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Hosp.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>2131 No. Main St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clifford</u> First <u>Clifton</u> Middle <u>J.</u> Last <u>Tiller</u>		4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 20, 1927</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Delco Radio Co.</u>	11. BIRTHPLACE (City and state or country) <u>La Follette, Tenn.</u>
13. FATHER'S NAME <u>Russell Tiller</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Hale</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. #2</u>		16. SOCIAL SECURITY NO. <u>310-24-8898</u>	
17. INFORMANT <u>Mrs. Joan Tiller</u> Address <u>Kokomo, Ind.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MULTIPLE Rib FRACTURES</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>8254</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>33</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>AUTO ACCIDENT</u>	
20c. TIME OF INJURY Hour <u>5</u> a. m. Month, Day, Year <u>5 APR 58</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory street, office bldg., etc.) <u>ARK HIWAY 90</u>	
		20f. CITY, TOWN, OR LOCATION <u>RECTOR 903 Clay</u> COUNTY <u>Ark</u> STATE <u>Ark</u>	
21. I attended the deceased from <u>5 apr 58</u> to <u>5 apr 58</u> and last saw him alive on <u>5 apr 58</u> Death occurred at <u>6:30 k</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joe A. Zimmer, M.D.</u>		22b. ADDRESS <u>Kennett Mo</u>	
		22c. DATE SIGNED <u>10 apr 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8 April 6, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>1958 Crown Point Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kokomo Indiana</u>	
24. FUNERAL DIRECTOR ADDRESS <u>IRby Funeral Home Rector, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>4-14-1958</u> REGISTRAR'S SIGNATURE <u>Earl Husband</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-21-58
COUNTY FILE NUMBER 458-9

APR 25 1958
MAY 1 1958
APR 25 1958
MAY 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas E. Beal*.....

Licensed Embalmer No. 101

P. O. Address *Recto*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.